DEDUCTIONS EFFECTIVE JANUARY 1, 2021

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM-				
INCLUDES ORTHODONTIC BENEFIT	- 1	446.06	40.00	447.00
For CCHP Alternate A Plan	Employee	\$46.36	•	\$47.29
	Employee + 1	\$117.51	•	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
For CalPERS Health Plans	Employee	\$46.36	\$0.93	\$47.29
	Employee + 1	\$117.51	\$2.35	\$119.86
	Family + 2 or more	\$117.51	\$2.35	\$119.86
Without a Health Plan	Employee	\$46.36	\$0.93	\$47.29
The load a fred the land	Employee + 1	\$117.51	•	\$119.86
	Family + 2 or more	\$117.51	•	\$119.86
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$25.35	\$0.51	\$25.86
Tor cert Atternate A right	Employee + 1	\$54.78	•	\$55.88
	Family + 2 or more	\$54.78	•	\$55.88
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For CalPERS Health Plans	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	\$1.10	\$55.88
	Family + 2 or more	\$54.78	\$1.10	\$55.88
Without a Health Plan	Employee	\$25.35	\$0.51	\$25.86
	Employee + 1	\$54.78	•	\$55.88
	Family + 2 or more	\$54.78	•	\$55.88
VSP VOLUNTARY VISION PLAN				
VSF VOLUMEANT VISION FLAIN	Employee	\$9.98	\$0.20	\$10.18
	Employee + 1	\$19.94	•	\$20.34
	Employee + 2 or more	\$32.12	•	\$32.76
	Employee 12 of more	٧٥٤.١٧	70.0 4	732.70